



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200
(916) 263-2699 • www.dca.ca.gov/psych



APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

Pursuant to Section 2914 of the Business and Professions Code

Instructions

PART A

General Instructions and Information

- 1. COMPLETE ALL SECTIONS OF THE APPLICATION.** Failure to do so will delay approval. Please type or print legibly (except for signature).
- 2. HOW TO CONTACT THE BOARD:**
If you need additional information after carefully reading all of these instructions, please call your licensing analyst.

Last name A–G	Richard Hodgkin, assigned analyst
Telephone:	(916) 263-2699, ext. 3304
Email:	richard_hodgkin@dca.ca.gov
Last name H–O	Annette Brown, assigned analyst
Telephone:	(916) 263-2699, ext. 3305
Email:	annette_brown@dca.ca.gov
Last name P–Z	Lani Snyder, assigned analyst
Telephone:	(916) 263-2699, ext. 3303
Email:	lavinia_snyder@dca.ca.gov

The Board encourages applicants to communicate with staff via email. It is much more efficient than telephone contact and provides applicants with a written record of the information provided.
- 3. LAWS AND REGULATIONS:** A booklet containing relevant sections of the Business and Professions Code and the California Code of Regulations can be purchased by completing and returning Attachment E along with a check or money order in the amount of \$4.00 to the Board of Psychology, 1422 Howe Ave., Suite 22, Sacramento, CA 95825-3200. Please review this booklet carefully prior to completing and submitting your application. The Board's laws and regulations are also available as a link through the Board's website at www.dca.ca.gov/psych.
- 4. WHEN TO APPLY:** An application for licensure may be filed at any time after the awarding of the doctorate. **Applications must be received 90 days prior to the date of the examination you wish to take.** Always be aware of

application deadlines, as the Board makes **absolutely no exceptions to the deadlines**, no matter what the reason. All application and examination deadlines are included as an insert in this application and are posted on our website.

- 5. TRANSCRIPTS:** Official transcripts from all educational institutions where you completed relevant graduate work must be sent directly by the institution to the Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825-3200. If you have previously submitted your graduate transcripts (master's and doctorate) with a psychological assistant application or registered psychologist application, you are **NOT** required to submit another set of official transcripts for purposes of this application for licensure as a psychologist.
- 6. FEES:** The completed application must be accompanied by the current application fee and the current written examination fee. If you have previously taken the Examination for Professional Practice in Psychology (EPPP) and passed at or above California's pass point, or if you qualify for waiver of the EPPP, you must submit the current oral examination fee in lieu of the written examination fee. If fingerprint cards are required, the application must be accompanied by the current fingerprint card processing fee. All examination fees must be sent to the Board and postmarked no later than 30 days prior to the examination date. Refer to Attachment A for the current fees.
- 7. FINGERPRINT CARDS:** Enclosed are two fingerprint cards which must be completed and submitted with the application, unless previously submitted to the Board in conjunction with another application. Fingerprint cards are forwarded to the Federal Bureau of Investigation (FBI) and the California Department of Justice (DOJ) to determine if an applicant has been convicted of a crime substantially related to the qualifications, functions, or duties of a psychologist. Pursuant to Section 11105(e) of the Penal Code, the Board has the authority to impose a fee sufficient to recover the expense of obtaining this

Continued on other side

Instructions continued

information. Refer to Attachment A for the current fees.

All fingerprints must be submitted on fingerprint cards supplied by the Board. **Cards must not be folded.** Use a 9" x 12" envelope to return your application and fingerprint cards. If the cards are folded, your application will be returned to you without processing. Applicants must have fingerprints affixed to both of the enclosed cards in **black ink only**. If the prints you submit are smudged, illegible, or incomplete, DOJ will reject them, and you will be required to submit new prints. It is suggested, therefore, that fingerprints be taken at a local law enforcement agency. We are advised, however, that you should write or call first to schedule a convenient time. The cards must be completed in detail, including complete physical description, age, date of birth, etc. Complete both sides of each card. On the back of the cards, complete the personal information, as well as the title of the license for which you are applying.

8. PHOTOGRAPH: One high quality photograph must be attached to page 8 of the application. The photograph may be in color or black and white, should measure approximately 3" x 4" and should not be from self-developing film.

9. VERIFICATION OF EXPERIENCE FORMS: Four verification of experience forms are included (see Attachment B). You may make additional copies, if necessary. These forms are to be completed by every supervisor verifying a portion of the required 3,000 hours of experience. Be sure to type or clearly print both your supervisor's name and address and your name and address in the spaces indicated. Send these forms directly to your supervisors. It is suggested that you send each supervisor a cover letter reminding him/her of the approximate dates, hours, and location of your work together and emphasize the deadline (see enclosure). When the form is completed, the supervisor is to send it **directly** to the Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825-3200. NOTE: Only the primary supervisor in each setting has to complete this form.

10. STARTING DATE FOR POST-DOCTORAL EXPERIENCE: Post-doctoral supervised professional experience may commence any time after the doctorate degree is awarded. However, applicants who met **ALL** requirements for their doctorate degree prior to the degree's ceremonial awarding may commence their post-doctoral experience anytime after the "met requirements" date. For those who started their experience early, if a "met requirements" date is clearly noted on your tran-

script, no further documentation is required. If this date is not on your transcript, however, it will be necessary to have the registrar or the director of training at your educational institution verify this date in a separate document. NOTE: The Board will accept only the date on which **ALL** requirements were met. This means that both substantive **and** administrative requirements for your doctorate degree must be met prior to accruing post-doctoral experience.

11. PRE-DOCTORAL AND POST-DOCTORAL SUMMARIES OF EXPERIENCE: One pre-doctoral and one post-doctoral summary form are included (see Attachments C and D). These forms are to be completed by the applicant and returned with the application. The purpose of these forms is to summarize the information that you anticipate your supervisors will provide. These forms are used primarily as a cross-check for the information provided by your supervisors.

12. HUMAN SEXUALITY REQUIREMENT: All applicants must submit evidence of compliance with this requirement prior to licensure. See Section 1382 of the California Code of Regulations for details.

13. CHILD ABUSE COURSEWORK REQUIREMENT: All applicants must submit evidence of compliance with this requirement prior to licensure. See Section 1387.7 of the California Code of Regulations for details.

14. TRAINING IN THE DETECTION AND TREATMENT OF ALCOHOL AND OTHER CHEMICAL SUBSTANCE DEPENDENCY: Applicants who started graduate training on or after September 1, 1985 must show evidence of this training prior to licensure. See Section 1387.6 of the California Code of Regulations for details.

15. SPOUSAL OR PARTNER ABUSE ASSESSMENT, DETECTION AND INTERVENTION: Applicants who started graduate training on or after January 1, 1995 must show evidence of this training prior to licensure.

16. WHAT TO EXPECT: The Board will send you a postcard to confirm receipt of your application. Within approximately four weeks of receipt, you will be notified if needed documentation is missing. **All required materials (transcripts, verification of experience forms, etc.) must be postmarked no later than 45 days prior to the date of examination for which you have**

Continued on next page

Instructions continued

applied. Notification of eligibility to sit for the exam will be mailed approximately three weeks prior to the examination. In the event an applicant is found to have less than the required 3,000 hours of experience, his/her application will be deferred pending completion of the remaining experience. NOTE: It is the applicant's responsibility to ensure that all required documents are postmarked by the deadlines indicated. (Deadlines are posted on the Board's website at www.dca.ca.gov/psych and are listed on the enclosed insert.) **Board staff cannot acknowledge receipt of individual items. If you wish to receive confirmation of receipt, send the documents Certified Mail, Return Receipt Requested.**

PART B

Instructions for Applicants with Equivalent Degrees

These instructions are ONLY for those applicants with doctorate degrees that are NOT awarded in (a) psychology, (b) educational psychology, (c) education with a field of specialization in educational psychology or counseling psychology, or (d) programs accredited by the American Psychological Association.

1. **REQUIREMENTS:** Carefully review Section 1386 of the California Code of Regulations for details of the requirements for an equivalent degree.
2. **DISSERTATION:** Four (4) copies of your dissertation must be submitted for evaluation.
3. **COURSE DESCRIPTIONS/SYLLABI:** Official course descriptions and syllabi must be submitted for each graduate-level course for which equivalency is claimed. If course descriptions and syllabi are submitted separately from your application, be sure that they are accompanied by a cover document that makes reference to your name. Courses designated as Psychology or Educational Psychology will automatically be accepted. You also must complete and submit the Equivalent Degree Education form. Please contact the Board to request this form.
4. **CAUTION:** Equivalent degrees require review by the Board's Credentials Committee. In the case of an adverse decision, final review will be made by the full Board. This may result in significant delays in processing. It is, therefore, strongly suggested that an individual making application based on an equivalent degree apply soon

after the doctorate is awarded, or significantly before they wish to sit for the licensing examinations.

PART C

Instructions for Applicants with Comparable Degrees

These instructions are ONLY for those applicants with doctorate degrees that were awarded by educational institutions that were NOT accredited by a regional accrediting agency (i.e., Western Association of Schools and Colleges) or approved by the California Department of Consumer Affairs's Bureau for Private Postsecondary and Vocational Education.

1. **REQUIREMENTS:** Carefully review Section 1383.1 of the California Code of Regulations for details of the requirements for a comparable degree.
2. **CAUTION:** Comparable degrees require review by the Board's Credentials Committee and, in the case of an adverse decision, final review will be made by the full Board. This may result in significant delays in processing. It is therefore suggested that an individual making application based on a comparable degree apply soon after the doctorate is awarded, or significantly before they wish to sit for the licensing examinations.

PART D

Instructions for Applicants with Foreign Degrees

These instructions are ONLY for those applicants with doctorate degrees that were awarded by foreign educational institutions.

1. **REQUIREMENTS:** Carefully review Section 1385 of the California Code of Regulations, which sets forth the documents required from applicants who are graduates of foreign educational institutions.
2. **EVIDENCE THAT YOUR DEGREE MEETS REQUIREMENTS OF SECTION 2914 OF THE BUSINESS AND PROFESSIONS CODE:**
All applicants who received their doctorates from foreign educational institutions must submit evidence that their degrees meet the requirements of Section 2914 of the Business and Professions Code. This may be accomplished by using an evaluation service. Evidence from a

Continued on other side

Instructions *continued*

credible evaluation service will be reviewed by the Board in order to determine the acceptability of a foreign degree.

EXCEPTION: See the instruction entitled CANADIAN DEGREES below.

3. **CANADIAN DEGREES:** Applicants who receive their doctorate degrees from accredited Canadian schools need only submit their transcripts, provided that the transcripts are in English.
4. **CAUTION:** Foreign degrees require complicated documentation and review by the Board's Credentials Committee. In the case of an adverse decision, final review will be made by the full Board. This may result in significant delays in processing. It is therefore suggested that an individual making application based on a foreign degree apply soon after the doctorate is awarded, or significantly before they wish to sit for the licensing examinations.

PART E

Instructions for applicants licensed in another state, Canadian province, or U.S. Territory who are ABPP diplomates, possess Certificates of Professional Qualification, were previously licensed in California, or abandoned applications pursuant to 1381.5.

1. **WAIVER OF THE EPPP:** Pursuant to Section 1388.6 of the California Code of Regulations, the national written examination, the "Examination for Professional Practice in Psychology" (EPPP) WILL BE waived and the California "Jurisprudence and Professional Ethics Examination" WILL BE required if you are:
 - a. Licensed as a psychologist in another state, Canadian province, or U.S. Territory for at least five years, have not been subject to discipline, and have met all current California licensing requirements.
 - b. An applicant who abandoned a previous licensing application pursuant to Section 1381.5 of the California Code of Regulations and now must reapply.
 - c. Licensed in California as a psychologist and allowed your license to cancel by not renewing within three (3) years, have not been subject to discipline, and have met all current California licensing requirements.
 - d. A diplomate of the American Board of Professional Psychology and licensed in another state, Canadian

Province, or U.S. Territory, have not been subject to discipline, and have met all current California licensing requirements.

- e. Possess a Certificate of Professional Qualification (CPQ) from the Association of State and Provincial Psychology Boards (ASPPB). For more information about CPQs, contact ASPPB at (334) 832-4580, by email at <http://www.asppb.org>, or in writing at P.O. Box 4389, Montgomery, AL 36103. Verification of your CPQ must be sent to the Board directly from ASPPB.
2. **REQUIREMENTS:** Carefully review Section 1388.6 and 1387 of the California Code of Regulations, and Sections 2946 and 2912 of the Business and Professions Code.
3. **EDUCATION:** You must document that you possess a doctorate degree which meets the requirements of Section 2914 of the Business and Professions Code. If you possess a CPQ, you are not required to document your education.
4. **SUPERVISED PROFESSIONAL EXPERIENCE:** You must document 3,000 hours of supervised professional experience which meets the requirements in Section 1387 of the California Code of Regulations. If you possess a CPQ, you are not required to document supervised professional experience.
5. **LICENSE DOCUMENTATION:** You must document your licensure status in another state. This requires the licensing agency in the state where you possess a license to complete a certification of licensure and mail it directly to this Board. Certification must include license number, initial issue date, expiration date, date of birth, current status of license, and any disciplinary action. If you possess a CPQ, you are not required to document licensure status.
6. **INTERIM PRACTICE IN CALIFORNIA:** Under the provision of Section 2946 of the Business and Professions Code, if you are licensed in another state and you have made application for a California license, you may practice psychology without a valid California license for a period not to exceed 180 calendar days from the time of submitting your application or from the time you commenced residency in California, whichever first occurred.

Continued on next page

Instructions continued

PART F

Instructions for applicants who have previously taken the Examination for Professional Practice in Psychology (EPPP) and/or have been licensed in another state for less than five (5) years

1. **CALIFORNIA PASS POINT:** The California pass point is expressed in terms of a raw score. **Prior to April 1996**, the pass point varied from administration to administration of the EPPP. If you know the month and year you took the exam, you may obtain the pass point on that administration by visiting the Board of Psychology's website. **Effective April 1996**, the Board adopted a fixed pass point of 140 for the EPPP, which was recommended by the Association of State and Provincial Psychology Boards.
2. **IF YOU SCORED BELOW THE CALIFORNIA PASS POINT:** If the score you obtained on the EPPP did not meet or exceed the California pass point for that administration of the examination, you must retake the EPPP. Therefore, you must submit the current written examination fee with the application.
3. **IF YOU SCORED AT OR ABOVE THE CALIFORNIA PASS POINT:** If the score you obtained on the EPPP met or exceeded the California pass point for that administration of the examination, it will not be necessary for you to retake the examination. You must, however, have your score reported to the Board as described below. You must submit the current oral examination fee along with the application.
4. **REPORTING SCORES TO CALIFORNIA:** Applicants who obtained scores that met or exceeded the California pass point must document their scores through the Licensed Psychologist Data Source (LPDS), P. O. Box 4389, Montgomery, AL 36103-4389. You may obtain a copy of LPDS's form by calling 1 (800) 448-4069.

PART G

Sitting for the Examination for Professional Practice in Psychology (EPPP) in another state as a California applicant

If you are an applicant for licensure in California residing out of state, arrangements may be made for you to take the EPPP in your state of residence. You must contact the licensing

board in the state in which you wish to be examined and request to be proctored. Once approval is granted by the other state, you must notify the California Board in writing, providing the name, address, and phone number of the person you contacted at the other licensing board. You must notify the California Board at least six weeks in advance of the examination date to ensure that these accommodations are possible.

PART H

Information regarding domains

The license provided for in California law is a **generic** license. Given the wide variety of activities in which psychologists engage, the Board of Psychology allows applicants to choose one of two general domains **for the purposes of the oral examination only**. Section 2960(p) of the Business and Professions Code authorizes disciplinary action against psychologists who function outside their field(s) of competence as established by education, training and experience. Accordingly, the fact of having passed the oral examination in a particular domain does not in itself authorize one to do anything or everything a psychologist in that field might do, unless he/she, in fact, possesses expertise in that area. In short, the Board does not certify areas of specialization, specific expertise, or skills. See page 4 of the application for a definition of the two general domains.

PART I

*Information Practices Act
(Section 1798.17 of the Civil Code)*

The Information Practices Act requires that the following be provided when collecting information from an applicant:

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION: Sections 2914, 2940, and 2946 (Business and Professions Code). Section 1381 (California Code of Regulations).

THE CONSEQUENCES OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION: Failure to provide any of the requested information will result in the application being rejected as incomplete.

THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED: The information collected will be used to determine the qualifications for licensure as a psychologist and for any other lawful purpose.



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200
(916) 263-2699 • www.dca.ca.gov/psych



FOR OFFICIAL USE ONLY

ATS ID:

Receipt No.:

Amount:

***THIS COVER SHEET MUST
BE RETURNED WITH YOUR
APPLICATION.***

DATE STAMP

Cover Sheet

Application for Licensure as a Psychologist

NAME

[illegible]

Last name

[illegible]

First name

7

M.I.

--	--

Suffix (Jr., Sr., I, II)

SOCIAL SECURITY NUMBER*

--	--	--	--

DATE OF BIRTH

** Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*



SECTION I. (Personal Data)

CURRENT NAME - Print your name in the boxes below (exactly as you would like it to appear on your license).

[illegible]

ALIASES - List below all other names by which you have been known. (If more than two, use an additional sheet of paper.)

[illegible]

RESIDENCE - This address will be used for all correspondence throughout the application process.

[illegible]

8. **This application is based upon:**
- (Check one response only)*
- ☐ A doctorate degree in psychology, education psychology, or in education with a field of specialization in counseling psychology or educational psychology from an accredited or approved educational institution.
- ☐ A doctoral degree from an accredited or approved educational institution that is equivalent to a degree in psychology. (See "Instructions" page iii.)
- ☐ A doctoral degree from an educational institution that is neither accredited nor approved. (See "Instructions" page iii.)
- ☐ A doctoral degree that has been granted by a foreign university, college, or professional school. (See "Instructions" page iii.)
- ☐ Possession of Certificate of Professional Qualification (CPQ). (See "Instructions" page iv.)

** Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*

Application for LICENSURE AS A PSYCHOLOGIST

SECTION II. PROFESSIONAL DATA

☐

Yes

☐

No

1. Are you now, or have you ever been, registered as a psychological assistant?

If yes, give name(s) of supervisor(s)

☐

Yes

☐

No

2. Are you now, or have you ever been, a registered psychologist in California?

☐

Yes

☐

No

3. Have you ever submitted an application for licensure as a psychologist in California?

If yes, list the date of the application and action taken by the Board.

SECTION III. EDUCATIONAL DATA

MASTER'S LEVEL

Institution/Location _____

Dates Attended _____

Major Field _____

Degree Awarded _____ Date Awarded/Met Requirements _____

DOCTORATE LEVEL

Institution/Location _____

Dates Attended _____

Major Field _____

Degree Awarded _____ Date Awarded/Met Requirements _____

Continue on separate sheet of paper, if necessary.

SECTION IV. EXAMINATION DATA

<div style="display: flex; justify-content: space-around;"><div style="text-align: center;"><input type="checkbox"/> YES</div><div style="text-align: center;"><input type="checkbox"/> NO</div></div>	<p>1. Have you ever taken the ASPPB Examination for Professional Practice in Psychology (EPPP)? <i>If yes, scores must be reported by the Licensed Psychologist Data Source, P.O. Box 4389, Montgomery, AL 36103-4389.</i></p> <p>PLEASE NOTE: If your score is documented and if the score you received met or exceeded the California pass point for that particular administration of the EPPP, you will not be required to take the EPPP.</p>
<div style="display: flex; justify-content: space-around;"><div style="text-align: center;"><input type="checkbox"/> YES</div><div style="text-align: center;"><input type="checkbox"/> NO</div></div>	<p>2. Are you requesting a waiver of the EPPP? <i>If yes, indicate the basis for the waiver below. (See page iv of the Instructions for additional documentation that is required.)</i></p> <div style="margin-left: 20px;"><div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><input style="margin-right: 10px;" type="checkbox"/> Certificate of Professional Qualification.</div><div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><input style="margin-right: 10px;" type="checkbox"/> Licensure in another state, Canadian Province, or U.S. Territory for at least five years.</div><div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><input style="margin-right: 10px;" type="checkbox"/> Previously licensed in California.</div><div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><input style="margin-right: 10px;" type="checkbox"/> Diplomate of the American Board of Professional Psychology (ABPP) and licensed in another state.</div><div style="display: flex; align-items: flex-start;"><input style="margin-right: 10px;" type="checkbox"/> Abandoned a previous application for California licensure pursuant to Section 1381.5, California Code of Regulations.</div></div>
<div style="display: flex; justify-content: space-around;"><div style="text-align: center;"><input type="checkbox"/> YES</div><div style="text-align: center;"><input type="checkbox"/> NO</div></div>	<p>3. Pursuant to Section 1798.61 of the Civil Code, names and addresses of applicants will be provided to anyone approved by the Bureau for Private Postsecondary and Vocational Education and certifying to the Board that the information will be used solely for the purposes of providing education services or professional education materials. Pursuant to the Rights to Privacy Act, you can choose to have your name and address withheld from the list. Do you wish to have your name and address withheld?</p>

SECTION V. SUPERVISED PROFESSIONAL EXPERIENCE

<p>1. List below the names of every primary supervisor who is being asked to verify a portion of the required 3,000 hours of supervised professional experience:</p>	<div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div><div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div></div>
<p>2. If the date you started your post-doctoral supervised professional experience is prior to the ceremonial awarding of your doctoral degree, indicate below how you will document that you met all requirements prior to the date the doctoral degree was actually awarded.</p>	<div style="margin-left: 20px;"><div style="display: flex; align-items: flex-start; margin-bottom: 10px;"><input style="margin-right: 10px;" type="checkbox"/> The date is posted on my doctoral transcript.</div><div style="display: flex; align-items: flex-start;"><input style="margin-right: 10px;" type="checkbox"/> A separate document confirming the date will be sent by the registrar, director of training, or dean of the academic institution.</div></div>

Application for LICENSURE AS A PSYCHOLOGIST

SECTION VI. DOMAINS

- See Page v of the Instructions for additional information regarding domains.
- For the purposes of the oral examination only, each candidate is asked to self-select one domain from the categories listed. **CHECK ONE BOX ONLY.**

- ☐ **Individual and Interpersonal Intervention:** Candidates who plan to work in such areas as clinical, counseling, developmental disabilities, or educational psychology may wish to select this domain.
- ☐ **Applied Theory and Research:** Candidates who plan to work in such areas as industrial/organizational, social, or experimental psychology may wish to select this domain.

SECTION VII. FITNESS FOR PRACTICE

YES	NO	
		1. Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i>
		2. Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i>
		3. Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist, or within the past two years? <i>If yes, explain on a separate sheet of paper.</i>

SECTION VIII. CRIMINAL/DISCIPLINARY HISTORY

YES	NO	
		1. Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes all misdemeanor and felony convictions. (Any conviction that was subsequently dismissed must also be disclosed.) <i>If yes, complete the statement form, Attachment F.</i>
		2. Have you ever been denied a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, explain on a separate sheet of paper.</i>
		3. Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, explain on a separate sheet of paper.</i>
		4. Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, explain on a separate sheet of paper.</i>
		5. Have you ever been subject to review and/or action by the ethics committee of any professional organization of any state or country? <i>If yes, explain on a separate sheet of paper.</i>

Application for **LICENSURE AS A PSYCHOLOGIST**

SECTION IX. REQUEST FOR REASONABLE ACCOMMODATION OF DISABILITIES

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

Do you have a disability for which you wish to request a reasonable accommodation for the EPPP and/or the oral examination? If no, go to SECTION X.

If yes, you must contact the Board of Psychology at (916) 263-2699, extension 3000 to request the application for reasonable examination accommodations* and complete the information below.

A. What is the type of disability that limits one or more of your major life activities (e.g. physical, mental, learning, etc.)?

B. What is the nature and extent of your disability (e.g. diabetic, dyslexic, hearing- or vision-impaired, etc.)?

C. Describe the accommodation requested, given the format of the examination(s):

* Please be advised that the application for reasonable accommodation of disabilities, along with verification from an appropriate professional supporting the accommodations you are requesting, must be received by the Board at least 45 days prior to the examination for which you are requesting the accommodation. Failure to provide this information by the deadline will result in denial of the request.

SECTION X. REQUIRED COURSEWORK AND TRAINING

Part A. Human Sexuality Requirement

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

Have you satisfied the requirement for training in human sexuality as described in Section 1382 of the California Code of Regulations?

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure. See page ii of the INSTRUCTIONS for information regarding this requirement.

Name of Institution/Provider: _____

Date(s) of Coursework: _____

Name of Course: _____

Number of Course Hours: _____

NOTE: The above must be documented by an official transcript or certificate that clearly indicates training meeting Board requirements.

Application for LICENSURE AS A PSYCHOLOGIST

Part B. Detection and Treatment of Alcohol and Other Chemical Substance Dependency Requirement

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	N/A

Have you satisfied the requirement for coursework in the detection and treatment of alcohol and other chemical substance dependency as described in Section 2914(e) of the Business and Professions Code? (This requirement applies to applicants who started graduate training on or after September 1, 1985.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure. See page ii of the INSTRUCTIONS for information regarding this requirement.

Name of Institution/Provider: _____

Date(s) of Coursework: _____

Name of Course: _____

Number of Course Hours: _____

NOTE: The above must be documented by an official transcript or certificate that clearly indicates coursework meeting Board requirements.

Part C. Child Abuse Assessment and Reporting

<input type="checkbox"/>	<input type="checkbox"/>
YES	NO

Have you satisfied the requirement for training in child abuse assessment and reporting as described in Section 28 of the Business and Professions Code?

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure. See page ii of the INSTRUCTIONS for information regarding this requirement.

Name of Institution/Provider: _____

Date(s) of Coursework: _____

Name of Course: _____

Number of Course Hours: _____

NOTE: The above must be documented by an official transcript or certificate that clearly indicates training meeting Board requirements.

Application for LICENSURE AS A PSYCHOLOGIST

Part D. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirements

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	N/A

Have you satisfied the requirement for the spousal or partner abuse assessment, detection, and intervention training required by Section 2914(f) of the Business and Professions Code? (This requirement applies to applicants who began graduate training on or after January 1, 1995.)

If yes, complete the information below. If no, this requirement must be satisfied **and** documented prior to licensure. See page ii of the INSTRUCTIONS for information regarding this requirement.

Name of Institution/Provider: _____

Date(s) of Coursework: _____

Name of Course: _____

Number of Course Hours: _____

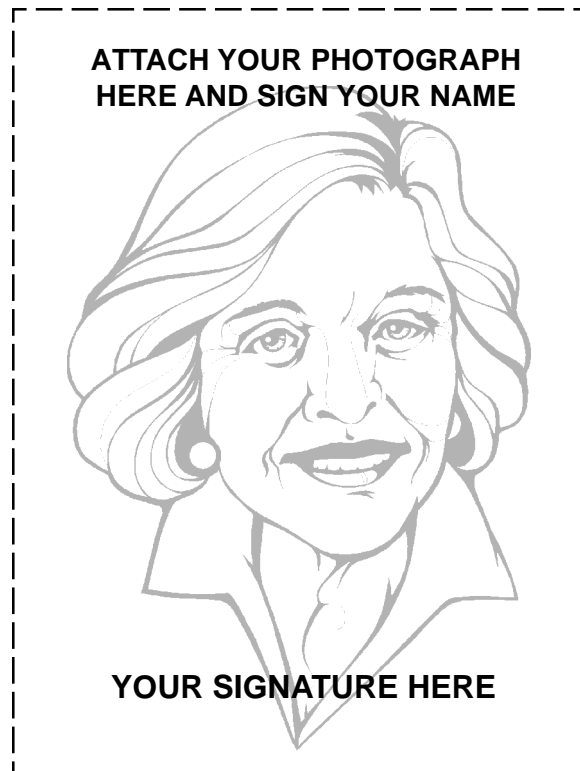
NOTE: The above must be documented by an official transcript or certificate that clearly indicates training meeting Board requirements.

SECTION XI. PHOTOGRAPH

Please firmly attach a close-up photograph (head and shoulders) to the area indicated. The size of your photograph must be approximately 3"x 4" (see diagram). It should be of high quality and not from self-developing film; proof photographs or negatives are **not** acceptable.

After attaching your photograph to this application, write your signature across the front of the photograph.

NOTE: The photograph must have been taken within sixty (60) days of the filing date of this application.



SECTION XII. STATEMENT OF APPLICANT

This sworn certification must be dated within sixty (60) days of the filing date of this application.

I, the undersigned, am the person making the foregoing application and whose photograph is attached above. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the State of California, that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature of Applicant

Date

**BOARD OF PSYCHOLOGY**

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych**Attachment to Application For
LICENSURE AS A PSYCHOLOGIST*****Attachment A • Fee Schedule***

DESCRIPTION OF FEE	FEE*
Application fee	\$40.00
Fingerprint card processing fee	\$56.00
Written examination fee	\$432.00
Oral examination fee	\$129.00
Initial license fee / biennial renewal fee	\$400.00
Delinquent fee	\$25.00

* Current as of July 1, 2000. Any changes in fees are immediately posted on the Board's website.



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych



ATTACHMENT TO APPLICATION FOR LICENSURE AS A PSYCHOLOGIST *Attachment B • Verification of Experience Form*

(To be completed by Supervisor) PLEASE PRINT OR TYPE

SUPERVISOR	Name						
	Address						
	City/State/ZIP						
	Telephone Number						
	Degree:		Field:		License No:		Issue Date:

SUPERVISEE	Name					
	Address					
	City/State/ZIP					
	Telephone Number					
	Title Held By Supervisee:					

LOCATION(S)	<i>List place(s) where the supervisee engaged in professional experience under your supervision. If the place the actual supervision took place is different, please so indicate and clarify below.</i>					
	1			2		
	Location					
	Address					
	City/State					
Notes						

DUTIES	<i>Describe below, in detail, the training program and/or psychological duties of the supervisee.</i>					

HOURS WORKED	DATES		Total Number of Weeks Worked	Number of Hours Worked per Week	Total Number of Hours Worked During Entire Period Verified
	FROM Month/Day/Year	TO Month/Day/Year			

SUPERVISION	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S), including person completing this form. For each additional supervisor listed, indicate type of license held and issue date.
	Individual		
	Group		
	Other (Specify)		
Total Per Week			

(Continued from other side)

Please answer the following questions:

	YES	NO
Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the person supervised was obtaining supervised professional experience?		
Were you paid by the supervisee to supervise him or her?		
Was your license to practice psychology or any other profession subject to discipline by any state or county during the period of supervision? If yes, explain on a separate sheet of paper.		
Was your license on probationary status during the period of supervision? If yes, explain on a separate sheet of paper.		
Was the supervisee a psychotherapy client of yours prior to or during the period of supervision?		
Prior to or during the period of supervision, did you have an interpersonal or familial relationship with the supervisee?		
Was your license in a delinquent status at any time during the period of supervision? If so, list the delinquent dates on a separate sheet of paper.		
Was the supervisee functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2 during the period of supervision?		
Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client during the period of supervision?		

To be answered by Board-Certified Psychiatrists ONLY.

Were you certified by the American Board of Psychiatry and Neurology as a psychiatrist for at least three years during the period of supervision?

What was the supervisee's professional identity during the period of supervision? (check one)

- ☐ Psychologist ☐ Psychological Assistant ☐ Registered Psychologist
☐ Trainee ☐ Psychological Intern ☐ Other (please list) _____

I would rate the supervisee's performance under my supervision during the period of supervision as: (check one)

<input type="checkbox"/>	Satisfactory
<input type="checkbox"/>	Unsatisfactory

REMARKS: *The Board will appreciate any amplifying information regarding the above evaluation.*

I have examined this supervisee's academic and training records, and I have determined that the supervised experience I am verifying is in the same field of psychology as is this supervisee's education and training. I determine this training to be in the _____ field of psychology. I have also determined that my own training and experience qualifies me to supervise in this area of psychology.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

County, State _____

Professional Status _____ Signature _____ Date _____



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych



ATTACHMENT TO APPLICATION FOR LICENSURE AS A PSYCHOLOGIST *Attachment B • Verification of Experience Form*

(To be completed by Supervisor) PLEASE PRINT OR TYPE

SUPERVISOR	Name						
	Address						
	City/State/ZIP						
	Telephone Number						
	Degree:		Field:		License No:		Issue Date:

SUPERVISEE	Name					
	Address					
	City/State/ZIP					
	Telephone Number					
	Title Held By Supervisee:					

LOCATION(S)	List place(s) where the supervisee engaged in professional experience under your supervision. If the place the actual supervision took place is different, please so indicate and clarify below.					
	1			2		
	Location					
	Address					
	City/State					
Notes						

DUTIES	Describe below, in detail, the training program and/or psychological duties of the supervisee.					

HOURS WORKED	DATES		Total Number of Weeks Worked	Number of Hours Worked per Week	Total Number of Hours Worked During Entire Period Verified
	FROM Month/Day/Year	TO Month/Day/Year			

SUPERVISION	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S), including person completing this form. For each additional supervisor listed, indicate type of license held and issue date.
	Individual		
	Group		
	Other (Specify)		
Total Per Week			

(Continued from other side)

Please answer the following questions:

	YES	NO
Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the person supervised was obtaining supervised professional experience?		
Were you paid by the supervisee to supervise him or her?		
Was your license to practice psychology or any other profession subject to discipline by any state or county during the period of supervision? If yes, explain on a separate sheet of paper.		
Was your license on probationary status during the period of supervision? If yes, explain on a separate sheet of paper.		
Was the supervisee a psychotherapy client of yours prior to or during the period of supervision?		
Prior to or during the period of supervision, did you have an interpersonal or familial relationship with the supervisee?		
Was your license in a delinquent status at any time during the period of supervision? If so, list the delinquent dates on a separate sheet of paper.		
Was the supervisee functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2 during the period of supervision?		
Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client during the period of supervision?		

To be answered by Board-Certified Psychiatrists ONLY.

Were you certified by the American Board of Psychiatry and Neurology as a psychiatrist for at least three years during the period of supervision?

What was the supervisee's professional identity during the period of supervision? (check one)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychological Assistant | <input type="checkbox"/> Registered Psychologist |
| <input type="checkbox"/> Trainee | <input type="checkbox"/> Psychological Intern | <input type="checkbox"/> Other (please list) _____ |

I would rate the supervisee's performance under my supervision during the period of supervision as: (check one)

- ☐ Satisfactory
☐ Unsatisfactory

REMARKS: *The Board will appreciate any amplifying information regarding the above evaluation.*

I have examined this supervisee's academic and training records, and I have determined that the supervised experience I am verifying is in the same field of psychology as is this supervisee's education and training. I determine this training to be in the _____ field of psychology. I have also determined that my own training and experience qualifies me to supervise in this area of psychology.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

County, State _____

Professional Status _____ Signature _____ Date _____



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych



ATTACHMENT TO APPLICATION FOR LICENSURE AS A PSYCHOLOGIST *Attachment B • Verification of Experience Form*

(To be completed by Supervisor) PLEASE PRINT OR TYPE

SUPERVISOR	Name						
	Address						
	City/State/ZIP						
	Telephone Number						
	Degree:		Field:		License No:		Issue Date:

SUPERVISEE	Name					
	Address					
	City/State/ZIP					
	Telephone Number					
	Title Held By Supervisee:					

LOCATION(S)	List place(s) where the supervisee engaged in professional experience under your supervision. If the place the actual supervision took place is different, please so indicate and clarify below.					
	1			2		
	Location					
	Address					
	City/State					
Notes						

DUTIES	Describe below, in detail, the training program and/or psychological duties of the supervisee.					

HOURS WORKED	DATES		Total Number of Weeks Worked	Number of Hours Worked per Week	Total Number of Hours Worked During Entire Period Verified
	FROM Month/Day/Year	TO Month/Day/Year			

SUPERVISION	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S), including person completing this form. For each additional supervisor listed, indicate type of license held and issue date.
	Individual		
	Group		
	Other (Specify)		
Total Per Week			

(Continued from other side)

Please answer the following questions:

	YES	NO
Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the person supervised was obtaining supervised professional experience?		
Were you paid by the supervisee to supervise him or her?		
Was your license to practice psychology or any other profession subject to discipline by any state or county during the period of supervision? If yes, explain on a separate sheet of paper.		
Was your license on probationary status during the period of supervision? If yes, explain on a separate sheet of paper.		
Was the supervisee a psychotherapy client of yours prior to or during the period of supervision?		
Prior to or during the period of supervision, did you have an interpersonal or familial relationship with the supervisee?		
Was your license in a delinquent status at any time during the period of supervision? If so, list the delinquent dates on a separate sheet of paper.		
Was the supervisee functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2 during the period of supervision?		
Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client during the period of supervision?		

To be answered by Board-Certified Psychiatrists ONLY.

Were you certified by the American Board of Psychiatry and Neurology as a psychiatrist for at least three years during the period of supervision?

What was the supervisee's professional identity during the period of supervision? (check one)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychological Assistant | <input type="checkbox"/> Registered Psychologist |
| <input type="checkbox"/> Trainee | <input type="checkbox"/> Psychological Intern | <input type="checkbox"/> Other (please list) _____ |

I would rate the supervisee's performance under my supervision during the period of supervision as: (check one)

- ☐ Satisfactory
☐ Unsatisfactory

REMARKS: *The Board will appreciate any amplifying information regarding the above evaluation.*

I have examined this supervisee's academic and training records, and I have determined that the supervised experience I am verifying is in the same field of psychology as is this supervisee's education and training. I determine this training to be in the _____ field of psychology. I have also determined that my own training and experience qualifies me to supervise in this area of psychology.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

County, State _____

Professional Status _____ Signature _____ Date _____



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych



ATTACHMENT TO APPLICATION FOR LICENSURE AS A PSYCHOLOGIST *Attachment B • Verification of Experience Form*

(To be completed by Supervisor) PLEASE PRINT OR TYPE

SUPERVISOR	Name						
	Address						
	City/State/ZIP						
	Telephone Number						
	Degree:		Field:		License No:		Issue Date:

SUPERVISEE	Name					
	Address					
	City/State/ZIP					
	Telephone Number					
	Title Held By Supervisee:					

LOCATION(S)	<i>List place(s) where the supervisee engaged in professional experience under your supervision. If the place the actual supervision took place is different, please so indicate and clarify below.</i>					
	1			2		
	Location					
	Address					
	City/State					
Notes						

DUTIES	<i>Describe below, in detail, the training program and/or psychological duties of the supervisee.</i>					

HOURS WORKED	DATES		Total Number of Weeks Worked	Number of Hours Worked per Week	Total Number of Hours Worked During Entire Period Verified
	FROM Month/Day/Year	TO Month/Day/Year			

SUPERVISION	TYPE OF SUPERVISION	HOURS PER WEEK OF SUPERVISION	SUPERVISOR(S), including person completing this form. For each additional supervisor listed, indicate type of license held and issue date.
	Individual		
	Group		
	Other (Specify)		
Total Per Week			

(Continued from other side)

Please answer the following questions:

	YES	NO
Were you engaged in rendering professional services at least 50% of the time in the same work setting in which the person supervised was obtaining supervised professional experience?		
Were you paid by the supervisee to supervise him or her?		
Was your license to practice psychology or any other profession subject to discipline by any state or county during the period of supervision? If yes, explain on a separate sheet of paper.		
Was your license on probationary status during the period of supervision? If yes, explain on a separate sheet of paper.		
Was the supervisee a psychotherapy client of yours prior to or during the period of supervision?		
Prior to or during the period of supervision, did you have an interpersonal or familial relationship with the supervisee?		
Was your license in a delinquent status at any time during the period of supervision? If so, list the delinquent dates on a separate sheet of paper.		
Was the supervisee functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2 during the period of supervision?		
Was the supervisee functioning in this same work setting under any other license or any other professional capacity with the same client during the period of supervision?		

To be answered by Board-Certified Psychiatrists ONLY.

Were you certified by the American Board of Psychiatry and Neurology as a psychiatrist for at least three years during the period of supervision?

What was the supervisee's professional identity during the period of supervision? (check one)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Psychological Assistant | <input type="checkbox"/> Registered Psychologist |
| <input type="checkbox"/> Trainee | <input type="checkbox"/> Psychological Intern | <input type="checkbox"/> Other (please list) _____ |

I would rate the supervisee's performance under my supervision during the period of supervision as: (check one)

- ☐ Satisfactory
☐ Unsatisfactory

REMARKS: *The Board will appreciate any amplifying information regarding the above evaluation.*

I have examined this supervisee's academic and training records, and I have determined that the supervised experience I am verifying is in the same field of psychology as is this supervisee's education and training. I determine this training to be in the _____ field of psychology. I have also determined that my own training and experience qualifies me to supervise in this area of psychology.

I declare under penalty of perjury under the laws of the State of California that all of the foregoing is true and correct.

County, State _____

Professional Status _____ Signature _____ Date _____



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych



Attachment to Application For LICENSURE AS A PSYCHOLOGIST *Attachment C • Pre-Doctoral Experience*

Indicate below the exact nature and extent of supervised psychological experience you have had. List recent experience first. Use additional sheets if necessary.

Applicant's name _____

	1	2	3
SUPERVISOR	Supervisor's name		
	License number		
	Date of issue		
	Current address		
	Official position		
	Academic degree & field		
LOCATION	Place & address		
	Job duties (be specific)		
SUPERVISION	Title of position held by supervisee		
	Hours of individual per week		
	Hours of group per week		
	Hours of other per week		
	Total supervision per week		
TOTAL HOURS	Starting date		
	Ending date		
	Total number of weeks		
	Hours worked per week		
	Total hours worked during employment/ supervision (including supervision).		



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych



Attachment to Application For LICENSURE AS A PSYCHOLOGIST *Attachment D • Post-Doctoral Experience*

Indicate below the exact nature and extent of supervised psychological experience you have had. List recent experience first. Use additional sheets if necessary.

Applicant's name _____

	1	2	3
SUPERVISOR	Supervisor's name		
	License number		
	Date of issue		
	Current address		
	Official position		
	Academic degree & field		
LOCATION	Place & address		
	Job duties (be specific)		
	Title of position held by supervisee		
SUPERVISION	Hours of individual per week		
	Hours of group per week		
	Hours of other per week		
	Total supervision per week		
TOTAL HOURS	Starting date		
	Ending date		
	Total number of weeks		
	Hours worked per week		
	Total hours worked during employment/ supervision (including supervision).		

**BOARD OF PSYCHOLOGY**

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych

Attachment to Application For
LICENSURE AS A PSYCHOLOGIST
Attachment E • Request for Laws and Regulations

If you would like to receive a copy of the Laws and Regulations relating to the practice of psychology, please return this form along with a check or money order in the amount of \$6.00 made payable to:

BOARD OF PSYCHOLOGY
1422 Howe Avenue, Suite 22
Sacramento, CA 95825-3200

Additionally, you may link to the Business & Professions Code (section 2900–2999) and the California Code of Regulations (1380–1399) at the Board of Psychology website at www.dca.ca.gov/psych.

(Please type or print legibly)

Name

Street Address

City

State/Zip

Date of Request

**BOARD OF PSYCHOLOGY**

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych**Attachment to Application For
LICENSURE AS A PSYCHOLOGIST*****Attachment F • Statement Form***

To be completed only if you checked "Yes" in Section VIII of the application regarding criminal history.

IF APPLICABLE, FILL OUT THE REVERSE SIDE OF THIS PAGE.

The following documentation will be required before your file can be reviewed:

CONVICTION OF A CRIME

- Certified copies of court documents stating conviction(s) and order of the judge.
- Certified copies of court documents verifying fines/restitution have been paid.
- Letter from probation officer verifying successful completion of probation.
- Printout of Department of Motor Vehicles record.

Note: *If any of these documents have been purged, a statement verifying that fact must be received, on courthouse letterhead, from the courthouse where the incident(s) took place.*

SUBSTANCE ABUSE PROGRAM

- Certified copies of certificate(s) of completion from each program attended.
- Letter from program counselor(s), on letterhead, verifying successful completion, indicating the type of treatment received, the duration, and the status of your rehabilitation at the time of completion.

Note: *If any of these documents have been purged, a statement verifying that fact must be received from the program on program letterhead.*

If you are reporting more than one conviction, duplicate the other side of this form and fill out and submit the completed copies to the Board of Psychology.

(Continued from other side)

To be completed only if you checked "Yes" in Section VIII of the application regarding criminal history.

(Please type or print legibly)

NAME OF APPLICANT

1A

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--

M.I.

--	--

Jr., Sr., I, II

Complete a separate form for each conviction

2A

Conviction

Date of Offense

3A

Location of Offense (City and State)

Court of Jurisdiction

4A

Dates of Imprisonment: _____ to _____ Dates of Parole: _____ to _____

5A

Dates of Probation: _____ to _____

6A

Were you enrolled in a substance abuse program?

Name of Program

Start Date

Completion Date

7A

Details of Incident: _____

8A

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

Printed Name



BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200

916/ 263-2699 • www.dca.ca.gov/psych



Attachment to Application For LICENSURE AS A PSYCHOLOGIST

Attachment G • Overview of Licensure

1. YOUR RESPONSIBILITY

It is your responsibility to know the requirements for licensure set forth in statute and regulation. To accomplish this, you must review this document and other relevant documents listed in the application for licensure as a psychologist. Failure to review and understand these documents may adversely affect application approval.

2. EDUCATIONAL REQUIREMENTS

A. Named Degrees — Section 2914 of the Business and Professions Code provides that individuals who possess an earned doctorate degree in psychology, educational psychology or education with a field of specialization in counseling psychology or education with a specialization in educational psychology from an approved or accredited educational institution meet the educational requirements for licensure.

B. Equivalent Degrees — Section 2914 of the Business and Professions Code, coupled with sections 1386 of the Californian Code of Regulations, provides that individuals who possess an earned doctorate from approved or accredited educational institutions in fields *other* than those listed *above* can qualify *if* the Board finds their degrees equivalent to the named degrees.

C. Foreign Degrees — Section 2914 of the Business and Professions Code, coupled with sections 1383.1 and 1385 of the California Code of Regulations, provides that individuals with doctorate degrees from foreign educational institutions can qualify if the degree is comparable to an American doctorate and either a degree named in section 2914 of the Business and Professions Code or a degree which the Board finds to meet equivalency requirements.

D. Certificate of Professional Qualification — Section 2946 of the Business and Professions Code, coupled with Section 1388.6 (e) of the California Code of Regulations, provides that individuals who hold a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards shall be deemed to have met the educational requirements listed in **A (Named Degrees)** of this section and experience requirements listed in Section 3 (**Supervision Requirements**.) You shall be required to

pay all current applicable fees and take and pass the portion of the examination which examines knowledge of California laws governing the practice of psychology. The written examination shall be waived.

3. SUPERVISION REQUIREMENTS

Section 2914 of the Business and Professions Code and section 1387 of the California Code of Regulations require 2 years (3,000 hours) of professional experience, at least 1,500 of which must be completed post-doctorally. The supervision requirements are complex. To avoid problems, you must understand them prior to starting supervision. In many instances, registration with the Board is required.

Failure to register when registration is required will result in the Board's refusal to accept your supervised experience and possible referral to the District Attorney for unlicensed practice. Please consult your supervisor, review all appropriate documents (see Section 6) **AND** consult with Board staff to ensure that you are proceeding properly.

A. Internship — If you are enrolled in a doctoral program which includes an internship, you may function as an intern without registration. All requirements of Section 1387 of the California Code of Regulations must be met in order for your hours to count toward the licensure requirements. Please note that if you already have your doctorate and are accruing post-doctoral hours, registration is required unless you are employed by one of the entities described in **B (Exempt Settings)**.

B. Exempt Settings — If you are employed directly by an educational institution (approved or accredited), a school district, or a governmental entity (federal, state, county, municipal, etc.), or if you were functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code section 5751.2, you are not required to register. All requirements of section 1387 of the California Code of Regulations must be met in order for your hours to count toward the licensure requirements.

C. All Other Experience — Except as enumerated in **A** and **B** above, everyone accruing supervised professional experience in California must register with the Board

(Continued on reverse side)

prior to beginning work. This is true **even if** you hold another license which allows you to provide services independently (this is because independent practice under another license does not meet the Board's requirements, even if appropriately supervised.) Experience outside California does not require registration, but must comply with all other requirements set forth in section 1387 of the California Code of Regulations.

- D. Types of Registration** — Most individuals will be required to register as psychological assistants. However, if you already have a doctorate degree with 1,500 hours of experience **AND** plan to work for a nonprofit community agency which receives 25% of its funding from governmental sources (not counting Medi-Cal or Medicare), you must register for employment as a registered psychologist under section 2909(d) of the Business and Professions Code.

4. EXAMINATIONS

Most applicants will be required to pass both a written and an oral examination.

- A. Written Exam**—The national Examination for Professional Practice in Psychology is administered each April and October. This is currently a 200-item multiple choice exam.
- B. Oral Exam**—California administers its own oral exam each June and January. This exam focuses on the applicant's area of emphasis within psychology and on legal and ethical issues.

5. WAIVER OF THE EPPP

Pursuant to Section 1388.6 of the California Code of Regulations, the national written examination, the "Examination for Professional Practice in Psychology" (EPPP) WILL BE waived and the California "Jurisprudence and Professional Ethics Examination" WILL BE required if you are:

- A.** Licensed as a psychologist in another state, Canadian province, or U.S. Territory for at least five years, have not been subject to discipline, and have met all current California licensing requirements.
- B.** An applicant who abandoned a previous licensing application pursuant to Section 1381.5 of the California Code of Regulations and now must reapply.
- C.** Licensed in California as a psychologist and allowed your license to cancel by not renewing within three (3) years, have not been subject to discipline, and have met all current California licensing requirements.
- D.** A diplomate of the American Board of Professional Psychology and licensed in another state, Canadian Province, or U.S. Territory, have not been subject to

discipline, and have met all current California licensing requirements.

- E.** Possess a Certificate of Professional Qualification (CPQ) from the Association of State and Provincial Psychology Boards (ASPPB). For more information about CPQs, contact ASPPB at (334) 832-4580, by email at <http://www.asppb.org>, or in writing at P.O. Box 4389, Montgomery, AL 36103. Verification of your CPQ must be sent to the Board directly from ASPPB.

6. FURTHER INFORMATION

You can receive further information by visiting our website at www.dca.ca.gov/psych. You can review the Business and Professions Code and the California Code of Regulations governing the practice of psychology via our website or send \$6.00 with a written request to receive a booklet containing the laws and regulations governing the practice of psychology (updated annually).

If you wish to inquire as to the status of a previously submitted application, or if you have questions that were not answered by the general information section of our automated telephone system, you may call 916/263-2699 between 8:00 a.m. and 5:00 p.m. Monday through Friday, and dial the following extension number when you hear the greeting of the automated telephone system.

Applicants with the first letter of the last name A—G:

Richard Hodgkin, assigned analyst

Telephone: (916) 263-2699, ext. 3304

Email: richard_hodgkin@dca.ca.gov

Applicants with the first letter of the last name H—M:

Annette Brown, assigned analyst

Telephone: (916) 263-2699, ext. 3305

Email: annette_brown@dca.ca.gov

Applicants with the first letter of the last name N—V:

Lani Snyder, assigned analyst

Telephone: (916) 263-2699, ext. 3303

Email: lavinia_snyder@dca.ca.gov

Applicants with the first letter of the last name W—Z:

Karen Johnson, assigned analyst

Telephone: (916) 263-2694

Email: karen_johnson@dca.ca.gov



BOARD OF PSYCHOLOGY
1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200
916/ 263-2699 • www.dca.ca.gov/psych



Attachment to Application For
LICENSURE AS A PSYCHOLOGIST
Attachment H • Checklist

- _____ 1. All sections of the application filled out completely (Sections I–XII).
- _____ 2. Two fingerprint cards filled out completely (front and back), if required.
- _____ 3. Official transcripts submitted directly from your educational institution.
- _____ 4. Eight typed mailing labels (four for the employer and four for the psychological assistant.)
- _____ 5. Attachment C and D filled out completely (pre and post-doctoral summary of experience).
- _____ 6. Verification of experience forms submitted directly from your primary supervisor or training director.
- _____ 7. Check or money order made payable to: **Board of Psychology**
 - \$40.00 application fee, plus
 - Fingerprint cards (if required)
 - \$56.00 fee for regular processing or,
 - \$66.00 fee for expedited processing.
 - \$432.00 fee for written examination.
 - \$129.00 fee for oral examination (if oral applicant only)

Send application with appropriate fee, transcripts, letters from registrar, or any other correspondence to:

BOARD OF PSYCHOLOGY
1422 Howe Avenue, Suite 22
Sacramento, CA 95825-3200